



Financial Policy

Payment Options:

Payment is due at the time of treatment. For your convenience, our office accepts Visa, MasterCard, American Express, Discover, cash and personal checks. Kids Teeth also accepts Care Credit. Please ask if you would like additional information regarding Care Credit. Due to the fact we do not have finance charges or billing fees, we do not offer extended payment plans. If you need to arrange a different payment method, it must be approved by our financial coordinator before the appointment.

Dental Insurance:

We will be happy to help you file your dental insurance claims, but we must have a **completed insurance information form and a copy of your current insurance card.**

*Please make sure you give us your dental insurance card, and **NOT** your medical insurance card. Medical insurance occasionally provides dental benefits for some emergencies and some surgical procedures. We will be happy to help you file your medical forms, but we do not keep medical forms on file. We do require payment when emergency services are rendered and your insurance company can reimburse you.*

If your dental insurance changes, please provide us with the necessary updates **BEFORE** the appointment. (There will be a fee of \$20 for re-filing insurance with corrected information.)

The responsibility of the entire balance is ultimately yours, but we can defer the estimated insurance amount until we hear from your insurance company. We do require that your estimated portion be paid when services are rendered. If for any reason your insurance company does not pay its portion in 60 days, the balance is due and will be billed to you.

Insurance policies can be confusing and misleading. Our estimates are really “guess estimates” based on passed experiences. We have no control over procedures covered or percentages allowed by your policy. Those arrangements are between you, your employer, and the insurance company. Please contact them concerning any questions you may have. We recommend you become directly involved in communication with your insurance company in order to expedite payment.

KIDS TEETH IS NOT A PREFERRED PROVIDER WITH ANY INSURANCE COMPANY! Please ask our staff if you have any questions. _____ Initial

Divorce or Custody Cases:

The parent or guardian **who brings the patient** into the office will be held financially responsible, regardless of the provisions in the divorce decree, or who has custody, or who has the insurance.

Thank you for your cooperation. Please do not hesitate to let us know if you have any questions.

I have read and accept the Kids Teeth Financial Policy.

Sign: _____ Date: _____

OVER →

INSURANCE INFORMATION

Date: _____.

Employee/Subscriber Name: _____.

Employee/Subscriber Soc. Sec. Number: _____.

Employee/Subscriber Birth date: _____.

**Employer (Company)
Name and Address:** _____.

_____.

Group Number: _____.

Claim Office: _____.

Claim Office Address: _____.

_____.

Claim Office Phone Number: _____.

Singnature on File for Electronic Insurance Form:

I have reviewed the treatment plan and fees. I agree to be responsible for all charges, services and materials not paid by my dental plan. To the extent permitted under applicable law, I authorize release of any information relating to this claim.

Signed (patient, or parent if minor)

Date

I hereby authorize payment directly to the below named dentist of the group insurance benefits otherwise payable to me.

Signed (Patient, or parent if minor)

Date